


02/20/01

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		First Inventor or Application Identifier J.F.T. CONROY, M.E. POWER, and P.M. NORRIS
Title SOL-GEL BIOMATERIAL IMMOBILIZATION		Assignee Name: Assignee Address:
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input type="checkbox"/> White Advance Serial No. Postcard 14. <input type="checkbox"/> Certified Copy of Priority Documents (7) (if foreign priority is claimed) 15. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 16. <input checked="" type="checkbox"/> Other: Request for Priority
2. <input checked="" type="checkbox"/> Specification Total Sheets 26		
3. <input checked="" type="checkbox"/> Formal Drawing(s) (35 U.S.C. 113) Total Sheets 21		
4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 1 a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation / divisional w/ box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).		
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies		
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: Prior application information: Examiner: Group Art Unit:		
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
18. Amend the specification by inserting before the first line the sentence: <input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) of application Serial No. Filed on <input type="checkbox"/> Which was published in English <input type="checkbox"/> Which was not published in English		
19. CORRESPONDENCE ADDRESS Pamela M. Norris 1509 Still Meadow Cove Charlottesville, VA 22901		

Signature:		Date:	2/16/01
Name:	John F. Conroy	Registration No.:	

Pamela M. Norris

Pamela M. Norris

2/18/01

Mary E. Power

Mary E. Power

2/18/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) J.F.T. CONROY, M.E. POWER, and P.M. NORRIS

SERIAL NO: New Application

FILING DATE: Herewith

FOR: SOL-GEL BIOMATERIAL IMMOBILIZATION

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	25 - 20 =	5	× \$18 =	\$90.00
INDEPENDENT CLAIMS	5 - 3 =	2	× \$80 =	\$160.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$0.00
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☒ A check in the amount of \$480.00 to cover the filing fee is enclosed.

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2/18/01

2/18/01

John F. Conroy

Pamela M. Norris Pamela M. Norris

Mary Power Mary E. Power